

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002374**

SFUND RECORDS CTR
999000395

GENERATOR (Generator Must Complete)

② Name **ALUMINUM CO. OF AMERICA**
VERNON WORKS

EPA NO. **CAD0074126681**

Address **5151 ALCOA AVE** Phone No. **508-6141**

City, State, Zip **VERNON CA 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES INC.**

EPA NO. **CAD0080012024**

Address **900 N. POTRERO GRANDE DR**

City, State, Zip _____

④ Alternate TSD Facility

Name **CHEMICAL WASTE MANAGEMENT**

EPA NO. **CAT0000646117**

Address **P.O. BOX 1104, 430 W. 8th AVE**

City, State, Zip **CORLINGA, CA 93210**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY **4748** ⑦ EX. HAZ. WASTE PERMIT NO. _____ ⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:			CONC. UPPER	RANGE LOWER	UNITS				CONC. UPPER	RANGE LOWER	UNITS
⑨ A.	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E.	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B.	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F.	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G.	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.	_____	_____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material _____ %					

⑩ WASTE PROPERTIES: pH _____ ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **WATER & OIL SLUDGE**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *James H. Baker* **FOREMAN** **81-08-02**
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **CAD0028277036**

ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **5-2-8**
TIME **2:30** ☐ AM ☒ PM

⑯ *John V. Smith* _____ **5-2-8**
Signature of Authorized Agent and Title Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING INDUSTRIES INC.** 18 QUANTITY (If Measured) **100 BBL**

EPA NO. **CAT0080012024** 19 STATE FEE (If Any) **17.50**

PHONE NO. _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

㉑ NAME _____

EPA NO. _____

㉒ HANDLING OR DISPOSAL METHOD:

- ☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉓ *[Signature]* _____ **5-6-81**
Signature of Authorized Agent and Title Date Accepted